

**OFFICE OF THE GOVERNOR**

GRANTS PROGRAM

LANDON STATE OFFICE BLDG, 900 SW JACKSON, ROOM 304N

TOPEKA, KS 66612

FAX: (785) 291-3204

**PROJECTION OF FINAL EXPENDITURES**

**DUE APRIL 25, 2007**

Name of Subgrantee Organization: \_\_\_\_\_

Grant Project Number: \_\_\_\_\_

Name of Individual Completing Form: \_\_\_\_\_

Phone Number: \_\_\_\_\_

1. Grant Award Amount (Federal Portion): \_\_\_\_\_

2. Expenditures Reported First **Three** Quarters: \_\_\_\_\_  
(Federal Portion)

3. Projected **Fourth** Quarter Expenditures: + \_\_\_\_\_  
(Federal Portion)

4. Total Expenditures (Federal Portion): = \_\_\_\_\_

5. Funds Remaining (Federal Portion): (1 minus 4) \_\_\_\_\_

Please provide the most accurate information possible. The subgrantee will not be held to these figures if actual 4th quarter expenditures exceed projections. The subgrantee will not be penalized in subsequent year if projections reflect funds remaining at the completion of the grant project period.

For Office of the Governor Use

Entered by:

Date: